


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000017301		
1. Entity Name LUTHERAN HAVEN FOUNDATION, LLC		
Principal Place of Business 2041 WEST STATE ROAD 426 OVIEDO, FL 32765	Mailing Address 2041 WEST STATE ROAD 426 OVIEDO, FL 32765	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR 215 NORTH EOLA DRIVE ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		01262006 No Chg-LLC CR2E083 (11/05) 4. FEI Number 59-0637873 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required U000000510721^M 04/29/06-80021-003 55.00^M
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOVAC, DONALD L 2041 W. STATE ROAD 426 OVIEDO, FL 32465	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Donald A. Kovac</u> DONALD A. KOVAC EXECUTIVE DIRECTOR 4/12/06 407-365-5676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		